

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	DT		8-4-00
<b>O.I.P.E. CLASSIFIER</b>	CC	45	8/17
<b>FORMALITY REVIEW</b>		7211	9-13-00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
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1	7/22/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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